



TEXAS PERSONAL AUTO APPLICATION

DATE (MM/DD/YYYY)
07/17/2020

AGENCY PREMIER GROUP INS INC 600 17TH ST STE 1425 N DENVER, CO 80202		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP + 4) JEFFERY SHERROD 26107 TRAVIS BROOK DR RICHMOND, TX 77406-3990				TELEPHONE NUMBER 832-544-3928	
CONTACT NAME: PHONE (A/C No. Ext): 720-457-1101 FAX (A/C No.): 866-948-8485 E-MAIL ADDRESS:		CARRIER CONSUMERS COUNTY MUTUAL INS. CO.				NAIC CODE 29246	
CODE: 0DKS65 SUBCODE:		PLAN QUANTUM 2.0		POLICY #: 6071091662221		ACCT #:	
AGENCY CUSTOMER ID:		EFFECTIVE DATE 08/15/2020		EXPIRATION DATE 08/15/2021		<input checked="" type="checkbox"/> DIRECT AGENCY <input type="checkbox"/> MAIL POLICY TO AGENT <input type="checkbox"/> MAIL POLICY TO APPL <input type="checkbox"/> PAYMENT PLAN EFT - MO	

RESIDENCE CURRENT RESIDENCE IS <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED		PREVIOUS STREET ADDRESS (If less than 3 years)				CITY		STATE		ZIP + 4	
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LOC	STREET	CITY	COUNTY	STATE	ZIP + 4	FIRE DIST

VEHICLE DESCRIPTION / USE													TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:				
VEH	LOC	YEAR	MAKE	MODEL	BODY TYPE	VIN	REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED						
1		2018	FORD	F-150 SUPE	PU	1FTEW1E55JKD17017	TX	5.0									
2		2016	FORD	EXPLORER S	PU	1FM5K8GTXGGC12125	TX	3.5									
3		2018	Outla	266RB	CT	4YDT26621JB452545	TX										

VEH	COST NEW	SYMBOL AGE GRP	COMP OTC SYM	COLL SYM	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)			
1					2211				PL	H					Not Verified	1				
2					2211				PL	H					6811	2				
3	25,385				2211															

VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEH	CLASS	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES
1	5951	X	B	2	CATEGORY 3		2	6401	X	B	2	CATEGORY 3	
3													

COVERAGES / PREMIUMS		LIMITS OF LIABILITY				VEHICLE # 1	VEHICLE # 2	VEHICLE # 3	VEHICLE #		
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				\$	\$	\$	\$		
BODILY INJURY LIABILITY	\$ 100,000	EA PERSON	\$ 300,000	EA ACCIDENT	\$264	\$271	\$	\$			
PROPERTY DAMAGE LIABILITY	\$ 100,000	EA ACCIDENT				\$137	\$117	\$	\$		
PERSONAL INJURY PROTECTION	\$ 2,500	EA PERSON				\$30	\$30	\$	\$		
	\$	AUTO DEATH INDEMNITY	\$	TOTAL DISABILITY							
MEDICAL PAYMENTS	\$	EA PERSON				\$	\$	\$	\$		
UNINSURED / UNDERINSURED MOTORISTS	CSL	EA ACCIDENT				\$97	\$88	\$	\$		
	BI	\$ 100,000	EA PERSON	\$ 300,000	EA ACCIDENT						
	PD	\$ 100,000	EA ACCIDENT	\$ 250	DEDUCTIBLE	\$58	\$53	\$	\$		
COMPREHENSIVE / OTC	DED	<input checked="" type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$500	\$	\$135	\$110	\$82	\$		
COLLISION	DED	<input checked="" type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$500	\$	\$250	\$280	\$200	\$		
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	\$	N/A	N/A	N/A	N/A		
TOWING & LABOR	\$	\$	\$	\$	\$	\$	\$	\$	\$		
TRANS EXP / RENTAL RE	<input checked="" type="checkbox"/> \$40	/1,200	<input checked="" type="checkbox"/> \$40	/1,200	\$ /	\$ /	\$27	\$27	\$		
CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPTIONS						
	Roadside Assistance Coverage	\$15	Mls/Disabl	\$							
		\$		\$	%	\$10	\$10	\$	\$		
		\$		\$	%	\$	\$	\$	\$		
		\$		\$	%	\$	\$	\$	\$		
ESTIMATED TOTAL: \$2,288.00		PREMIUM DEPOSIT: \$190.59		POLICY FEE: \$		TOTAL PER VEHICLE		\$1,008	\$986	\$282	\$

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

#	NAME (AS IT APPEARS ON LICENSE)			SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME				
1	Jeffery		Sherrod	M	M	IN	06/23/1964
2	Roxan		Pollak	F	M	SP	02/14/1959
3	Robert		Pollak	M		CH	10/11/1989

#	OCCUPATION	DATE LIC	STD > 100	GOOD STD	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #
2		02/14/1975					08329886	TX	
3							NA - Excluded	TX	

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

Attach ACORD 99, Accidents / Convictions Schedule, if more space is required

DRV #	DATE OF ACCIDENT / CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT / CONVICTION	BI OR DEATH Y / N	AMOUNT OF PROPERTY DAMAGE
1	04/29/2016	No Loss payment		N	

ADDITIONAL INTEREST

<input checked="" type="checkbox"/>	ADDL INS <input type="checkbox"/>	LOSS PAYEE	LENDER'S LOSS PAYABLE	NAME AND ADDRESS PEOPLES TRUST FCU PO BOX 4511 HOUSTON, TX 77210-4511	VEH #: 1 LOAN NUMBER
<input checked="" type="checkbox"/>	ADDL INS <input type="checkbox"/>	LOSS PAYEE	LENDER'S LOSS PAYABLE	NAME AND ADDRESS PEOPLES TRUST FCU PO BOX 4511 HOUSTON, TX 77210-4511	VEH #: 2 LOAN NUMBER

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	*YEARS W/ CURR EMPL	YEARS W/ PREV EMPL
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	*YEARS W/ CURR EMPL	YEARS W/ PREV EMPL

PRIOR COVERAGE

PRIOR CARRIER Progressive	# OF YEARS WITH COMPANY	ASSIGNED RISK? <input type="checkbox"/> Y / N
PRIOR PRODUCER	PRIOR POLICY NUMBER	EXPIRATION DATE 11/21/2020

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES										Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?										N
VEH #	NAME OF OTHER OWNER				VEH #	NAME OF OTHER OWNER				
2. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)										N
VEH #	DESCRIPTION	COST	\$	VEH #	DESCRIPTION	COST	\$			
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)										N
VEH #	DESCRIPTION				VEH #	DESCRIPTION				
4. ANY OTHER LOSSES NOT SHOWN IN THE ACCIDENTS / CONVICTIONS SECTION THAT WERE INCURRED DURING THE TIME PERIOD SPECIFIED IN THAT SECTION?										Y
DRV #	DESCRIPTION	COST	\$	DRV #	DESCRIPTION	COST	\$			
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)										
NAMED INSURED		YEAR	MAKE	MODEL	CARRIER	NAIC #	POLICY NUMBER			

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES					Y / N
6. ANY OTHER INSURANCE WITH THIS COMPANY?					Y
POLICY NUMBER 9999999996331	TYPE OF INSURANCE HOME	POLICY NUMBER	TYPE OF INSURANCE		
7. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE?					N
DRV #	BRANCH	RANK	BASE LOCATION	VEH AT BASE (Y / N)	
8. ANY DRIVERS LICENSE BEEN SUSPENDED / REVOKED?					N
DRV #	SUSPENSION PERIOD Start Date: End Date:		EXPLANATION	REINSTATEMENT DATE	
9. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					N
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE				
10. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?					N
DRV #	EXPLANATION				
11. ANY FINANCIAL RESPONSIBILITY FILING?					N
DRV #	REASON FOR FILING			FILING DATE	
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?					N
13. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?					N
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED				
14. IS THIS BROKERED BUSINESS TO THE AGENT?					
15. HAS AGENT INSPECTED VEHICLE?					N
16. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?					N
DRV #	EXPLANATION				
17. HAS ANY NAMED INSURED DRIVEN WITHOUT LIABILITY INSURANCE DURING ANY PART OF THE LAST SIX (6) MONTHS?					N
DRV #	EXPLANATION				

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

STATE SUPPLEMENT	DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE
NO-FAULT APPLICATION	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT	
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH	
<p>Excluded Drivers: Drivers who are Excluded have no coverage under this auto insurance policy while driving any motor vehicle.</p> <p>Your policy premium shown on this application does include the Anti-Theft Fee amount of \$12.00. Amount(s) will be calculated into your policy billing.</p> <p>General Information Data: Other Losses: Description Cost OTHER COMP \$509</p>			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BINDER / SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.

PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.	HOW LONG HAVE YOU KNOWN THE APPLICANT?
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I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED / UNDERINSURED MOTORISTS (UM / UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM / UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM / UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM / UIM BI AND/OR UM / UIM PD COVERAGES ENTIRELY. (INITIALS)

1. I SELECT UM / UIM BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____
2. I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY. _____
3. I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION. _____
4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. (INITIALS) _____

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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